

Declaration for Patent Application and Power of Attorney

As a below named inventor, I hereby declare that my residence, post office address, and citizenship are as stated below next to my name, and that I believe the named inventor or inventors to be the original and first inventor or inventors of the subject matter which is claimed and for which a patent is sought on the invention described in Application No. 10/820,169 entitled **Implantable Arteriovenous Shunt Device**.

First or Sole Inventor:	Full name:	John L. Faul	Citizenship:	Ireland
	Residence:	Room s053A, SUMC, Stanford, CA 94305		
	Postal Address:	Same as above		
Second Joint Inventor:	Full name:	Toshihiko Nishimura	Citizenship:	Japan
	Residence:	1044 Middle Avenue, Menlo Park, CA 94025		
	Postal Address:	Same as above		
Third Joint Inventor:	Full name:	Peter N. Kao	Citizenship:	US
	Residence:	4313 Miranda Avenue, Palo Alto, CA 94305		
	Postal Address:	Same as above		
Fourth Joint Inventor:	Full name:	Ronald G. Pearl	Citizenship:	US
	Residence:	580 Matadero Avenue, Palo Alto, CA 94306		
	Postal Address:	Same as above		

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)

Country	Application Number	Date of Filing	Priority Claimed Under 35 U.S.C. §119
NONE			<input type="checkbox"/> Yes <input type="checkbox"/> No

I claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing data of this application.

PRIOR U. S. APPLICATION(S)

Application No.	Filing Date	Status			
60/461,467	04/08/2003	<input checked="" type="checkbox"/> Provisional	<input type="checkbox"/> Patented	<input type="checkbox"/> Pending	<input type="checkbox"/> Regular

I hereby appoint Thomas J. McFarlane, Reg. No. 39,299, Marek Alboszta, Reg. No. 39,894, Ron Jacobs, Reg. No. 50,142, Katharina Wang Schuster, Reg. No. 50,000, Robert Lodenkamper, Reg. No. 55,399, and Tianhua Gu, Reg. No. 52,480 as my agents with full power of substitution to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. Direct all correspondence to:

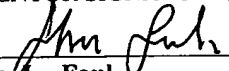
Lumen Intellectual Property Services, Inc.

2345 Yale Street, 2nd Floor
Palo Alto, CA 94306
tel: (650) 424-0100
fax: (650) 424-0141


The attorney docket number for this case is: S03-013/US

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Title 18, §1001 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

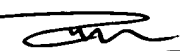
INVENTOR SIGNATURE(S)


John L. Faul

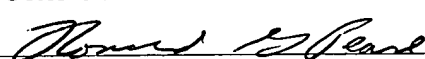
7/27/04
Date


Peter N. Kao

7/21/2004
Date


Toshihiko Nishimura

7/29/04
Date


Ronald G. Pearl

7/12/2004
Date



Attorney Docket No: S03-013/US

POWER OF ATTORNEY BY ASSIGNEE

The undersigned assignee of the entire interest in the attached application for Letters Patent for the invention entitled:

Implantable Arteriovenous Shunt Device

by virtue of Assignment recorded concurrently herewith hereby appoints Marek Alboszta, Reg. No. 39,894, Ron Jacobs, Reg. No. 50,142, Katharina Wang Schuster, Reg. No. 50,000, Thomas J. McFarlane, Reg. No. 39,299, Robert Lodenkamper, Reg. No. 55,399, and Tianhua Gu, Reg. No. 52,480 as its agents to prosecute the attached application and to transact all business in the Patent and Trademark Office connected therewith, said appointment to be to the exclusion of the inventor(s) and their attorney(s) in accordance with the provisions of Rule 32 of the Patent Office Rules of Practice.

Please direct all communication relative to said application to the following correspondence address:

Lumen Intellectual Property Services, Inc.

2345 Yale Street, 2nd Floor
Palo Alto, CA 94306
tel: (650) 424-0100
fax: (650) 424-0141

I am duly authorized to sign this instrument on behalf of assignee corporation. I hereby declare that, to the best of my knowledge and belief, title is in the assignee herein, and I affirm review of the Assignment document concurrently submitted and believe that the attached application has been assigned to assignee herein and that assignee therefore has the right to make this Power of Attorney and Exclusion of Inventor(s).

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ASSIGNEE: THE BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY

Stanford University
Office of Technology Licensing
1705 El Camino Real
Palo Alto, CA 94306

Official Authorized to Act on Behalf of Assignee:

Signature: _____

Katharine Ku

Name: _____

KATHARINE KU

Title: _____

Director, OTL

7.8.04
Date